

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani Good Samaritan	CHAPTER 90
Address: 45-090 Namoku Street, Hawaii, 96744	Inspection Date: February 20 & 21, 2019 Biennial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(ii)</p> <p>Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p><u>FINDINGS</u></p> <p>Resident #3 with physician order to self-administer Systane eye drops. However, reassessment for self-administration of medication to resident was not completed. Initial assessment conducted on 11/27/18 shows “no” if resident will be self-administering medications.</p> <p>Per facility policy and procedure on self-administration of medications, residents who will be self-administering medications will be assessed by the registered nurse (RN) prior to self-administering medications and reassessed for continued appropriateness of self-administration.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(ii)</p> <p>Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents able to handle their own medication regimen may keep prescription medications in their unit;</p> <p><u>FINDINGS</u></p> <p>Resident #3 with physician order to self-administer Systane eye drops. However, reassessment for self-administration of medication to resident was not completed. Initial assessment conducted on 11/27/18 shows “no” if resident will be self-administering medications.</p> <p>Per facility policy and procedure on self-administration of medications, residents who will be self-administering medications will be assessed by the registered nurse (RN) prior to self-administering medications and reassessed for continued appropriateness of self-administration.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(iii)</p> <p>Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents may keep and use over-the-counter medications in their unit without a written order unless otherwise indicated by a physician or prescribing advanced practice registered nurse's written orders;</p> <p><u>FINDINGS</u></p> <p>Resident #3 physician orders dated 12/18/18 reads, "Systane eyedrops, shake well and instill 1 drop to affected eyes ____ as needed for ____." No frequency and indication identified on the order and not clarified by staff. Invalid order.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(iv)</p> <p>Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>If more than one resident resides in the unit, an assessment shall be made of each person's ability to safely have medications in the unit. If safety is a factor, the medication shall be kept in a locked container in the unit;</p> <p><u>FINDINGS</u></p> <p>Resident #3 physician orders dated 12/18/18 reads, "Systane eyedrops, shake well and instill 1 drop to affected eyes as needed." No frequency and indication identified on the order and not clarified by staff. Invalid order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____